

Keystone United Methodist Federal Credit Union Membership Application

Please print this form, fill it out and fax to **(724)776-1377**

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General Information:

Will there be a co-applicant on this application? No Yes, 1 co-applicant Yes, 2 co-applicants

Membership Eligibility:

Employer

Employer Name:

Family Member

Family Name:

Community

Community Name:

Primary Applicant:

Last Name:

Middle Name:

First Name:

Social Security Number (TIN):

Date of Birth:

Home Phone Number:

Work Phone Number:

Other Phone Number:

Email Address:

Mother's Maiden Name

I certify that:

The TIN is correct and

I (am / am not) subject to back-up withholding (Circle One) and

I am a U.S. Person (including a U.S. Resident Alien).

Drivers License #:

Drivers License State:

Home Address (not P.O. Box)

Address 1:

Address 2:

City:

State, Zip:

Time at Current Residence:

Residence Type: Own Rent Other:

Mailing Address (if different)

Address 1:

Address 2:

City:

State, Zip:

Employment History

Present Employer Name:

Employer Phone Number:

Employer's Address 1:

Employer's Address 2:

City:

State, Zip:

Job Title:

Job Start Date:

References

Nearest Relative Not Living With You

Last Name:	First Name:
Relationship:	Phone Number:
Address 1:	
Address 2:	
City:	State, Zip:
Additional Information	
How would you prefer to be contacted? <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Other Phone <input type="checkbox"/> Email Address <input type="checkbox"/> Other:	
Special Instructions/Comments:	
Signature	
The Internal Revenue Service does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding.	
Signature:	Date:

If this is for a joint account
 Print this page and then click [here](#) for the co-applicant form.